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POLICY REVIEW

UNICEF POLICY AND STRATEGIES FOR HEALTH

SUMMARY

The present report has been prepared in response to Executive Board decision 1992/22 (E/ICEF/1992/14) on "UNICEF support to Bamako Initiative activities, community-focused health sector development". It describes the health strategies to be pursued by UNICEF in supporting countries to implement the provisions of the Convention on the Rights of the Child and to achieve the goals established by the World Summit for Children. It is recognized that achievement of those objectives will require the strengthening of primary health care, information and other community systems and the convergence of supportive actions in other areas of social development.

The UNICEF policy for health aims to ensure a maximum reduction in mortality of infants, children, youth and women by addressing the most prevalent causes of death, disease and disability, using the more affordable and proven health technologies. It strives to assure that all children, youth and women are reached, giving priority to groups most at risk.

It is recognized that health goals cannot be achieved by action in the health sector alone. Mutually reinforcing actions have been identified for addressing the direct, underlying and basic factors affecting people's health. An effective balance of major programming strategies has been emphasized, based on the analysis of the country situation and identification of opportunities for action.

Technical support, cash assistance and the provision of supplies in country programmes will be guided by the objectives and strategic emphases outlined in the present report and within the framework of the four-year medium-term plan presented to the Executive Board every two years. UNICEF will remain active in the international partnership in the health field to mobilize support for its objectives and strategies.

As a basis for the development of UNICEF country programmes and for its participation in the international alliances in health, the Executive Director recommends that the Executive Board adopt the recommendation contained in paragraph 32 of the present report.

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I. INTRODUCTION

1. In its decision 1992/22 (E/ICEF/1992/14), the Executive Board requested UNICEF to elaborate further on the UNICEF health strategy in the context of community-focused health sector development. Many elements of specific health interventions and related sectoral action have been articulated in reports presented to the Executive Board in recent years (see annex I). The present report presents overall policy priorities and strategic approaches for UNICEF programmes of cooperation in health.

2. Major advances have been made in the last two decades in reducing deaths and illness caused by preventable diseases. Very substantial further advances are within reach during the present decade. As many as two thirds of the 13 million infant and child deaths and over 90 per cent of the nearly 500,000 deaths of women caused by child-bearing occurring each year are preventable with available low-cost measures.

3. The environment in which health programmes are organized and managed has been changing rapidly in recent years. Democratic change, the expanded reach of the mass media and trends towards decentralized management and financing of public sector undertakings are stimulating and enabling greater participation of individuals and communities in the processes that shape their lives. At the same time, the role of government in the health sector continues to evolve from one of principal provider of curative services to that of principal provider of preventive services and a major financier and facilitator of curative services through policy development, regulation and selective public health action. The most significant proportion of direct investment in health services continues to originate in the household, even in the least developed countries. More than ever, national Governments' actions and health policies will need to be focused on creating a suitable environment that will enable local levels of government, community organizations and individual households to work in partnership in the design, management and financing of preventive, promotive and curative health services for children, youth and mothers.

4. The broad strategies of UNICEF for the 1990s focus on practical ways to assist countries in their efforts to achieve the goals for children and development endorsed by the World Summit for Children in 1990. Specific national follow-up actions are contained in the national programmes of action, where strategies to achieve the Summit goals are adapted to individual country or regional settings. The UNICEF approach to health combines advocacy for the health rights of the child, as articulated in the Convention on the Rights of the Child, with UNICEF-supported, national-level health interventions and practical problem solving at the community level. UNICEF health action and advocacy also include the health of mothers, women and youth. These expanded areas of focus are not only important in their own right, but also because of their direct present and future impact on child health.

II. THE EVOLUTION OF UNICEF HEALTH STRATEGIES IN THE 1980s AND EARLY 1990s

5. UNICEF was an active participant in the formulation of the Health for All goals and the primary health care approach at the Alma Ata conference in 1978, and continued to work closely with the World Health Organization (WHO) in the effort to develop and implement the strategies to achieve those goals. Because of the economic crisis and widespread budgetary retrenchment prevailing in the early 1980s, the search for effective strategies led UNICEF in 1982 to articulate a focus on highly cost-effective strategies and feasible actions that would accelerate progress towards the Health for All goals, with special reference to children, even at a time of limited budgetary resources. The programme focus came to be known as "growth monitoring, oral rehydration, breast-feeding and immunization". It was understood that that focus would be implemented within a broader primary health care framework, with the aim of strengthening the development of primary health care. The focus on growth monitoring, oral rehydration, breast-feeding and immunization was soon expanded to include three other programme areas, family planning, food security and female education.

6. The UNICEF approach to strengthening primary health care has been to focus on a set of strategic objectives and measurable actions. By the mid-1980s, the goal of universal child immunization by 1990 set by the World Health Assembly, and the expanded programme on immunization designed to achieve that goal, became a dominant component of the UNICEF health programme. Universal child immunization, because of its tangible and quantifiable targets, cost-effectiveness, significant and measurable impact on child mortality and health, and prospects for building confidence in the primary health care system by creating a success story on a global scale, became the flagship of the UNICEF health programme in the latter half of the 1980s. Other health activities, including the control of diarrhoeal diseases, the promotion of oral rehydration therapy and oral rehydration salts, the protection and promotion of breast-feeding, the treatment of respiratory infections and improving child nutrition practices, remained important components of most UNICEF country programmes.

7. The success of universal child immunization and the other focused activities raised important questions about programme sustainability within the health care system, especially at the local level. One response to this need, particularly in Africa, was the development of the Bamako Initiative, which was launched in 1987. The aim of the Initiative was to help revitalize the primary health care system through greater community participation in and management of available health system resources. Some two dozen countries in Africa and elsewhere have adopted the Initiative's community-focused approaches, and an operations research programme has been established in 20 countries to seek insights and lessons on issues of equity, sustainability, community participation, motivation of health workers, quality of care and drug management.

8. The more recent "universal child immunization plus" approach seeks to build further on the 500 million annual immunization contacts between the health system and infants and their parents for other child health purposes, such as

vitamin A supplementation, nutritional counselling and other preventive or promotive actions. Other examples of more narrow initial interventions being expanded to strengthen the system and address major health problems include safe motherhood and sick child programmes.

9. A key lesson of the 1980s has been the degree to which progress in health depends on action outside the health sector, particularly in terms of generating political will and mobilizing societies at large to achieve specific health-related actions. "Going to scale" with health actions also has important implications for sustainability, as such actions help to create their own momentum through building sustained demand.

10. The Convention on the Rights of the Child and the Plan of Action of the World Summit for Children are two expressions of international consensus which form the framework of UNICEF programmes of cooperation in the 1990s. The Convention requires States to recognize the right of the child to the enjoyment of the highest attainable standard of health. The Summit endorsed a set of strategic goals for the survival, protection and development of children which constitute a vision of children's health and well-being that can be achieved by the year 2000. The present and future health efforts of UNICEF are thus focused on three mutually reinforcing strategies: (a) to make universally accessible, to communities and individuals, the knowledge required for effective and informed decision-making regarding their own health and that of their children; (b) to make universally accessible the high-impact, low-cost interventions most critical to saving lives, preventing morbidity and promoting health development; and (c) to strengthen the health, information and community systems required to assure this universal access on a sustainable basis.

III. UNICEF OBJECTIVES IN HEALTH

11. The long-term objective of UNICEF cooperation in health is the enjoyment by all children of their fundamental rights to the highest attainable standard of health as envisaged in article 24 of the Convention on the Rights of the Child (see annex II). In the medium term, this objective is translated into a substantial reduction in malnutrition, morbidity and mortality among children and women. Specific goals were established for this purpose by the World Summit for Children (see annex III) which emphasize significant reductions of infant, under-five and maternal mortality. Those goals were endorsed by the World Health Assembly and the Executive Board, among others, before their adoption by the World Summit for Children.

12. Behind the immediate causes of death and disease lie such factors as malnutrition, ignorance and, ultimately, poverty and inadequate human development. Achieving the goals for reducing infant, child and maternal mortality will be both the direct consequence of targeted action within the health sector and the cumulative result of efforts towards many of the other goals for the year 2000, including, notably, those for basic education. The operational challenge within the health sector is to support countries in achieving and sustaining the universal access to knowledge, technologies and services that will contribute to significant reductions in morbidity, mortality and malnutrition among children, youth and women. To that end, it is critical

that there be adequately functioning health systems, especially at community and district levels, which can provide essential preventive, curative and promotive services.

13. While the relative significance of specific diseases will vary from country to country and from region to region, the major causes of child death in countries and regions with high infant and under-five mortality rates are vaccine-preventable diseases, diarrhoea, acute respiratory infections, malaria, perinatal causes and, increasingly, the human immunodeficiency virus and acquired immunodeficiency syndrome (AIDS). Similarly, maternal deaths are largely attributable to the absence of essential emergency obstetric care, low-cost prenatal care and family planning information and services. A significant reduction in infant, under-five and maternal mortality rates requires a sustained focus on those major causes of morbidity and mortality. It also requires a sustained focus on those geographic areas and social groups with the highest mortality rates in order to reduce the disparity in outcomes among subgroups within a particular society. Supportive actions such as improved nutrition, basic education, support for economic activities, the provision of water and sanitation, birth spacing and the improved role and status of women can also make significant contributions towards reducing infant, under-five and maternal mortality rates and in sustaining morbidity and mortality rates at low levels. Additional factors that will also contribute significantly to the achievement of mortality reduction goals are improved technologies (especially improved and new vaccines), new insights into the control of AIDS in endemic areas, and more effective communication of life-saving information and knowledge through initiatives such as Facts for Life.

14. Within the framework of the Convention on the Rights of the Child and the common health goals of the World Summit for Children, the major objectives of UNICEF activities in health are:

(a) Working with and encouraging Governments to develop national health policies that promote and enable directed action at the national and local levels to improve the health of children, youth and women;

(b) Assisting in the control and prevention of specific diseases and health conditions that are major causes of death and disabilities among children, youth and women and for which cost-effective strategies exist;

(c) Strengthening health, information and related community systems that are required to provide essential preventive, curative and promotive health services for children, youth and women;

(d) Maintaining a sustained focus on disparity reduction by supporting and encouraging a concentration of efforts on geographically and socio-culturally identified populations with the highest risks for mortality and morbidity;

(e) Promoting the adoption and adaptation of high-impact, cost-effective technologies such as improved and new vaccines and essential drugs that can make major contributions to achieving and sustaining reductions in infant, child and maternal mortality and morbidity;

(f) Promoting the convergence of supporting actions in the areas of nutrition, family planning, basic education, water supply and sanitation and related community action, as well as women's education and empowerment, which contribute to the achievement of the health goals.

IV. OPERATIONAL STRATEGIES

15. The overall policies and priorities of UNICEF cooperation with countries have been summarized in the medium-term plan for 1994-1997 (E/ICEF/1994/3, paras. 21-44). Those operational principles emphasize (a) the country programming approach; (b) children's rights as a starting point for action; (c) achievement of the goals of the World Summit for Children, including the 10 mid-decade goals; (d) the education and empowerment of women as an essential precondition for effective health action; (e) implementation of household and community-focused health programmes, reinforced by national-level political action; (f) the incorporation of national capacity-building, disparity reduction and environmental enhancement into development action; and (g) fostering of consensus within the international community. Those principles will continue to be reflected in UNICEF health programmes.

16. In addressing the major health problems of children, youth and women, the immediate, underlying and basic causes must be considered. This approach of recognizing different levels of causation and its implications have been discussed in relation to the nutrition strategy approved by the Executive Board in 1990 (E/ICEF/1990/L.6 and decision 1990/19 (E/ICEF/1990/13)). The conceptual framework of action for nutrition applies equally well to health and emphasizes that health and nutrition goals cannot be achieved by action in the health sector alone.

17. Addressing the direct, underlying and basic factors affecting people's health requires action on several levels and in several areas, including reinforcing the focus of the health sector on cost-effective, preventive, promotive and curative interventions with the greatest impact; encouraging the development of supportive social services and programmes in other sectors; and defining national priorities and macro-level social and economic policies in terms of human development and meeting people's basic needs. As underscored in the World Bank's 1993 World Development Report: Investing in Health, good health increases the economic productivity of individuals and the economic growth rate of countries. Therefore, investment in health must be an essential component of programme efforts to accelerate development and reduce poverty.

V. UNICEF OPERATIONAL SUPPORT AT COUNTRY AND COMMUNITY LEVELS

18. In 1993, UNICEF expenditures on health programmes totalled $286 million, amounting to 36 per cent of total programme expenditure (see E/ICEF/1994/2 (Part II)). The medium-term plan for the period 1994-1997 projects that UNICEF will spend an estimated 30 per cent of its resources within the health sector during the period 1995-1997. In addition, UNICEF non-health sector investments contribute significantly to improving the health and nutrition of women and children through complementary multisectoral actions. While UNICEF is an

important international partner in health sector development, it is a modest investor in the sector when compared to total needs in the area of maternal and child health and to total health expenditures in a given country, at both national and household levels. This underscores the continuing need for a country-level strategy in which UNICEF continues its role in advocacy, planning and programming for improved child health.

19. In addition to providing equipment and supplies as a part of programme support, UNICEF can also provide to Governments and autonomous national supply and distribution agencies its procurement services for essential medical commodities, including vaccines, drugs and medical supplies, taking advantage of global competition and economies of scale to assure high quality at the lowest cost. Both the Vaccine Independence Initiative, established in 1991 (E/ICEF/1991/P/L.41), and the interregional programme for essential drugs, established with supplementary funds in 1985 (E/ICEF/1985/P/L.31), are important mechanisms for facilitating the provision of vaccines and drugs to Governments facing scarcities of hard currency. UNICEF will need to expand these and related mechanisms as part of a more assertive marketing strategy for essential medical commodities. Supporting national capacity building in the areas of procurement, finance, quality control and regulation of essential medical commodities will remain a key principle.

20. Cash assistance is used to support key programming actions in the areas of empowerment, service delivery and capacity building. This includes social mobilization efforts to reinforce broad-based commitments to and actions on maternal and child health, as well as communication efforts, which bring essential health information to households and communities and which will have a more prominent position in UNICEF support. Training and supervision of health personnel will continue to receive high priority.

21. Based on its operational experience, UNICEF will support essential national health research and innovation in countries addressing practical questions of implementing maternal and child health care. A focus on maternal and child health will necessarily determine the ways in which UNICEF will become involved with the broader health sector reform processes under way in a number of countries. Other priorities include a greater understanding of household health and "health seeking" behaviour; local coping responses in the face of crises, including prolonged emergencies; and addressing the management and motivational constraints presently facing local health systems.

22. UNICEF has strengthened its capacity both at headquarters and in the field to support country-level development of health programmes for children and women in its major fields of activity. Increased staff training has improved staff skills in key interventions, systems development and promotive health and has enabled a greater involvement by UNICEF in health reform processes. The UNICEF presence at the subnational level in many countries allows for more direct support to provincial and district-level planning and programming, in keeping with the increasing decentralization of strategic planning for children in general and of health systems in particular.

VI. PARTNERSHIP AND COLLABORATION

23. UNICEF will continue to be an active member of the global health development partnership through country-level cooperation, participation in policy meetings and the development of joint guidelines for action. This is particularly true of the alliance with United Nations organizations and departments, specifically WHO, the World Bank, the United Nations Population Fund (UNFPA), the United Nations Development Programme (UNDP), the World Food Programme, the Office of the United Nations High Commissioner for Refugees and the United Nations Department of Humanitarian Affairs. Other partners look to UNICEF country offices as a source of knowledge on the child health situation and on appropriate action for children. The nature of in-country partnerships for the acceleration of health action will depend firstly on government leadership and secondly on all partners having concordant priorities. UNICEF is in a strong position in most countries to support such partnerships by helping to develop consensus on priorities for children, youth and women in the health sector.

24. WHO remains the most significant programme partner of UNICEF in the health sector, providing appropriate technical references. This includes setting technical standards, guidelines and methods that are drawn upon by national health policy makers and partners. There is full agreement between UNICEF and WHO on the health goals set for mid-decade and the year 2000, as well as on efforts to support and monitor their achievement. There will continue to be close technical collaboration between headquarters groups on the full array of health issues facing children, youth and women. Country-level collaboration will emphasize complementarity. Where national Governments are receptive, both organizations will collaborate in developing the health component of the country strategy note. Contacts at the regional level will continue through the regular regional directors' meetings of the two organizations, with specific feedback given to country offices.

25. UNICEF collaborated closely with the World Bank in preparing the 1993 World Development Report: Investing in Health. UNICEF has also worked closely with the World Bank in preparing Better Health for Africa, a strategy document for health sector development in sub-Saharan Africa. UNICEF will continue to work with the World Bank at both national and global levels in putting first priority on child health and in assisting Governments to define their national and subnational strategies. UNICEF will also increase its advocacy with other international financial institutions, particularly regional banks, that can help to strengthen vital national capacities. UNICEF will continue collaborative arrangements, including those for complementary activities with bilateral organizations investing in health, particularly for children and women.

26. The UNICEF policy on family planning, safe motherhood and women's health entails close collaboration with UNFPA. There is growing collaboration at the country level, and UNICEF will place high priority on extending this type of collaboration as widely as possible. UNICEF involvement in the Children's Vaccine Initiative and essential national health research provides a close relationship with UNDP. UNICEF will continue to work closely with UNDP and other organizations in the Joint Consultative Group on Policy to achieve greater coordination in United Nations development assistance at the country level.

27. There are numerous examples of partnerships with non-governmental organizations (NGOs). Rotary International, Kiwanis International and Junior Chamber International are important partners in specific health programmes. The Red Cross, CARE, OXFAM, the Save the Children Fund and technical councils such as the International Consultative Council on Iodine Deficiency Disorders and the International Baby Food Action Network are key partners at the field level. National Christian health associations, Médecins sans frontières and World Vision are important NGOs in many countries, investing in and supporting the provision of health services. UNICEF will continue to seek opportunities for collaboration with national and local NGOs, which can be instrumental in building bridges between government and community structures.

VII. CONCLUSIONS

28. UNICEF, in its commitment to children's right to health, as well as that of youth and women, approaches health from a multisectoral viewpoint, recognizing that the underlying causes of poor health are found in many sectors across society. As the leading international agency for children, UNICEF focuses within the health sector on child health, but it will continue to increase substantially its focus on the health of youth and women. This reflects both the intrinsic importance of the health of youth and women as well as its direct interrelationship with the health of children.

29. The Convention on the Rights of the Child and the goals set by the World Summit for Children provide the framework for UNICEF health priorities. UNICEF programmes of cooperation emphasize approaches that are oriented to specific outcomes and are based on feasible action on a large scale, using proven and cost-effective technologies. The goals for the decade of reducing child and maternal mortality require that UNICEF be involved in a variety of interventions in the health and other sectors with the greatest potential for achieving specific health outcomes. These include support for strengthening sustainable health structures and systems, which will continue to be an integral part of UNICEF cooperation. Continued and expanded social mobilization in support of health goals will be sought, with greater emphasis on individual, household and community behaviour. A reinforcing combination of national-level advocacy and action, together with community-based approaches that are responsive to the needs and priorities of families and households, is considered the most viable basis for the long-term sustainability of health action.

30. UNICEF will promote universal access to an essential set of high-impact preventive, promotive and curative health interventions for children, youth and women. The development of health systems will be guided by epidemiological considerations related to service-delivery, improved quality of care and the determination of the best use of existing resources. Key policy and planning actions which support expanding the scope for community and household participation in decision-making will be encouraged at national, provincial and district levels, particularly as they relate to control over the use of locally generated resources for health.

31. UNICEF support will continue to focus on both national policy advocacy and community programme actions. A more strategic role for UNICEF procurement

services is anticipated. In larger countries, UNICEF will advocate that international financial institutions help to build national capacity for the production and supply of essential health and medical commodities.

VIII. RECOMMENDATION

32. As a basis for the development of UNICEF country programmes and its participation in the international alliances in health, the Executive Director recommends that the Executive Board adopt the following recommendation:

The Executive Board

1. Endorses, within the framework of the Convention on the Rights of the Child and the goals of the World Summit for Children, the objectives related to:

(a) Working with Governments to develop policies that promote and enable directed action to improve the health of children, youth and women;

(b) The control and prevention of specific diseases and health conditions that are major causes of death and disability among children and women;

(c) The strengthening of health systems, especially at the local level;

(d) The sustained focus on disparity reduction, with special concentration of health efforts on disadvantaged groups;

(e) The adoption and adaptation of cost-effective health technologies, such as new and improved vaccines and essential drugs, at the national and global scale;

(f) The promotion and convergence of multisectoral supportive actions;

2. Recognizes the need for mutually reinforcing action to address direct, underlying and basic factors affecting people's health, including:

(a) Reinforcing the health sector activities of cost-effective preventive, promotive and curative interventions with the greatest impact on mortality and morbidity of children, youth and women;

(b) Encouraging the development of supportive social services and programmes in other social sectors;

(c) Defining national priorities and macro-policies in terms of human development and ensuring that children's and women's well-being are at the forefront of development efforts;

3. Urges that UNICEF programmes of cooperation reflect an effective balance of the major programming strategies based on the analysis of the country situation and identification of opportunities for addressing the direct, underlying and basic factors affecting health. The programming strategies originating from UNICEF experience include:

(a) Expansion and improvement of essential health services for children and women;

(b) The incorporation of a limited number of cost-effective, time-bound quantitative goals;

(c) Building indigenous capacities in the health system and in communities and households;

(d) Promoting sustainability of programmes;

(e) Advocacy and social mobilization in support of goals and priorities;

(f) Supporting empowering approaches, including decentralization, people's participation and wide dissemination of relevant knowledge and information.

Annex I

RECENT DOCUMENTS SUBMITTED TO THE EXECUTIVE BOARD CONSIDERED RELEVANT TO UNICEF HEALTH POLICY AND STRATEGIES*

Reference	Subject
E/ICEF/1990/L.3	Revitalizing primary health care/maternal and child health: the Bamako Initiative
E/ICEF/1990/L.5	Development goals and strategies for children: priorities for UNICEF action in the 1990s
E/ICEF/1990/L.6	Strategy for improved nutrition of children and women in developing countries
E/ICEF/1990/L.13	Safe motherhood
E/ICEF/1991/P/L.41	Establishment of a vaccine independence initiative
E/ICEF/1992/L.7	UNICEF health policies and strategies: sustainability, integration and national capacity-building
E/ICEF/1992/L.11	UNICEF programme approach to the prevention of the human immunodeficiency virus/acquired immunodeficiency syndrome
E/ICEF/1992/L.12	Controlling acute respiratory infections: strategies for the 1990s
E/ICEF/1992/L.20	Experience to date of implementing the Bamako Initiative: a review and five country case-studies
E/ICEF/1993/L.2	Children, environment and sustainable development: UNICEF response to Agenda 21
E/ICEF/1993/L.3	Progress report on the Children's Vaccine Initiative
E/ICEF/1993/L.5	UNICEF policy on family planning
E/ICEF/1993/L.10	Progress report on UNICEF programme activities in the prevention of the human immunodeficiency virus and in reducing the impact of acquired immune deficiency syndrome on families and children
E/ICEF/1994/3	Medium-term plan for the period 1994-1997

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* In addition to the regular reports of the UNICEF/WHO Joint Committee on Health Policy.

Reference	Subject
E/ICEF/1994/L.5	Gender equality and empowerment of women and girls: a policy review
E/ICEF/1994/L.14	UNICEF support to the proposed United Nations joint and co-sponsored programme on human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS)
E/ICEF/1994/L.15	Human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) programme

Annex II

KEY HEALTH PROVISIONS IN THE CONVENTION ON THE RIGHTS OF THE CHILD

Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

(a) To diminish infant and child mortality;

(b) To ensure the provision of necessary medical assistance and health care to all children and emphasis on the development of primary health care;

(c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking water, taking into consideration the dangers and risks of environmental pollution;

(d) To ensure appropriate prenatal and post-natal health care for mothers;

(e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child hygiene and environmental sanitation and the prevention of accidents;

(f) To develop preventive health care, guidance for parents and family planning education and services.

3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

4. States Parties undertake to promote and encourage international cooperation with a view to achieving progressively the full realization of the right recognized in the present article. In this regard, particular account shall be taken of the needs of developing countries.

Annex III

SELECTED HEALTH GOALS ENDORSED BY THE WORLD SUMMIT FOR CHILDREN

I. Major goals for child survival, development and protection

(a) Between 1990 and the year 2000, reduction of infant and under-five child mortality rates by one third or to 50 and 70 per 1,000 live births respectively, whichever is less;

(b) Between 1990 and the year 2000, reduction of maternal mortality rate by one half;

(c) Between 1990 and the year 2000, reduction of severe and moderate malnutrition among under-five children by one half;

(d) Universal access to safe drinking water and to sanitary means of excreta disposal;

(e) By the year 2000, universal access to basic education and completion of primary education by at least 80 per cent of primary school-age children;

(f) Reduction of the adult illiteracy rate (the appropriate age-group to be determined in each country) to at least one half its 1990 level, with emphasis on female literacy;

(g) Improved protection of children in especially difficult circumstances.

II. Supporting health goals

A. Women's health and education

(i) Special attention to the health and nutrition of the female child and to pregnant and lactating women;

(ii) Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late and too many;

(iii) Access by all pregnant women to prenatal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies.

B. Nutrition

(i) Reduction of iron deficiency anaemia in women by one third of the 1990s levels;

(ii) Virtual elimination of iodine deficiency disorders;

(iii) Virtual elimination of vitamin A deficiency and its consequences, including blindness;

(iv) Empowerment of all women to breast-feed their children exclusively for four to six months and to continue breast-feeding, with complementary food, well into the second year.

C. Child health

(i) Global eradication of poliomyelitis by the year 2000;

(ii) Elimination of neonatal tetanus by 1995;

(iii) Reduction by 95 per cent of measles deaths and reduction by 90 per cent of measles cases, compared to pre-immunization levels, by 1995, as a major step towards the global eradication of measles in the longer run;

(iv) Maintenance of a high level of immunization coverage (at least 90 per cent of children under one year of age by the year 2000) against diphtheria, pertussis, tetanus, measles, poliomyelitis and tuberculosis and against tetanus for women of child-bearing age;

(v) Reduction by 50 per cent in deaths caused by diarrhoea in children under the age of five years and 25 per cent reduction in the diarrhoea incidence rate;

(vi) Reduction by one third in deaths caused by acute respiratory infections in children under five years.